U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

Fo	or Official Use Only
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E	S 100 0 0
	OLM

1. File Number U - 9142

Name _{Victoria}

3. Name and address of person filing.

P.O. Box, Bldg., Room No., if any

Street 2116 Kennedy

R Collins

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

Name UFCW Local 876

1 / 1 / 2004 Through: 12 / 31 / 2004

4. Name, file number, and address of labor organization.

Labor Organization File Number 039-461

Street 876 Horace Brown Drive

P.O. Box, Building and Room Number, if any .

City	Rochester Hills		City	Madison Heig	yhts
State	Michigan	ZIP Code + 4 48309	State	Michigan	ZIP Code + 4 48071
5. Posit	tion in labor organization.	President			
Ent	Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):				
A. Hele	d an interest in, engaged ary value from an emplo	in transactions (including loans) with, oyer whose employees your organize	or derived in ation repre	ncome or other eco sents or is actively	onomic benefit of y seeking to represent.
6. Nam	ne and address of Employer	(including trade name, if any).	7.a. Na	ure of Interest, Tran	saction, or Income.
Name	:				
Trade	e Name, if any:				
P.O. I	Box, Bldg., Room No., if an	<i>,</i>			
			7.b. Am	ount.	
Street	t				
City					
State		ZIP Code + 4			
Signature					
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)					
Signed 1, FRIA . Allo, 5 On 8/10/2004 (248) 585-9671			(248) 585-9671		
	The state of the s	, = 00 00000	•	Date	Telephone Number

***************************************	NAME OF THE PROPERTY OF THE PR		
Name of Person Filing	Victoria Collins	File Number U-	

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business

C. Received from any employer (other than an employer covered under parts A and B above)

of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name Klimist, McKnight, Sale, McClow & Canzano a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any Suite 117 c. Employer Street 400 Galleria Officentre Southfield ZIP Code + 4 48034 State Michigan 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. Legal Services to UFCW Local 876 Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 11.b. Approximate dollar value of such dealing. City 12.a. Nature of interest held or income received. Gift - Briefcase ZIP Code + 4 State

 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 		14.a. Nature of payment.
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State	ZIP Code + 4	
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.

12,b. Amount.

\$275

Name of Person Filing	Victoria	Collins

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

Name The Segal Company Trade Name, if any: P.O. Box, Bidg., Room No., if any Suite 500 Street 101 N. Wacker Drive City Chicago State Illinois ZIP Code + 4 60606-1724 11.a. Nature of such dealing. Benefits Consultant Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 876 Horace Brown Drive City Madison Heights State Michigan ZIP Code + 4 48071 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Meals 12.b. Amount. \$348	8. Name and address of Business (including trade name, if any).	9. Business deals with:	
P.O. Box, Bldg., Room No., if any Suite 500 Street 101 N. Wacker Drive City Chicago State Illinois ZIP Code + 4 60606-1724 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Michigan UFCW Health & Welfare Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 876 Horace Brown Drive City Madison Heights State Michigan ZIP Code + 4 48071 11.b. Approximate dollar value of such dealing. 11.a. Nature of interest held or income received. Meals	Name The Segal Company	a. Labor Organization	
Street 101 N. Wacker Drive City Chicago State 11linois ZIP Code + 4 60606-1724 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Michigan UFCW Health & Welfare Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 876 Horace Brown Drive City Madison Heights State Michigan ZIP Code + 4 48071 11.b. Approximate dollar value of such dealing. 11.b. Approximate dollar value of such dealing. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Meals	Trade Name, if any:		
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State Illinois ZIP Code + 4 60606-1724 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Michigan UFCW Health & Welfare Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 876 Horace Brown Drive City Madison Heights State Michigan ZIP Code + 4 48071 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Meals	Street 101 N. Wacker Drive	c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Michigan UFCW Health & Welfare Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 876 Horace Brown Drive City Madison Heights State Michigan ZIP Code + 4 48071 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Meals	City Chicago		
Name Michigan UFCW Health & Welfare Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 876 Horace Brown Drive City Madison Heights State Michigan ZIP Code + 4 48071 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Meals	State Illinois ZIP Code + 4 60606-1724		
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P.O. Box, Bldg., Room No., if any Street 876 Horace Brown Drive City Madison Heights State Michigan ZIP Code + 4 48071 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Meals	Name Michigan UFCW Health & Welfare Fund	Benefits Consultant	
Street 876 Horace Brown Drive City Madison Heights State Michigan ZIP Code + 4 48071 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Meals	Trade Name, if any:		
State Michigan ZIP Code + 4 48071 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Meals	P.O. Box, Bldg., Room No., if any		
State Michigan ZIP Code + 4 48071 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Meals	Street 876 Horace Brown Drive		
12.a. Nature of interest held or income received. Meals	City Madison Heights		
Meals	State Michigan ZIP Code + 4 48071	11.b. Approximate dollar value of such dealing.	
12.b. Amount. \$348		Meals	
12.b. Amount. \$348			
		12.b. Amount. \$348	

Name of Person	Filing	Victoria	Colline

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Health Alliance Plan	a. Labor Organization	
Trade Name, if any:	-	
P.O. Box, Bldg., Room No., if any	∑ b. Trust	
Street 2850 West Grand Boulevard	c. Employer	
City Detroit		
State Michigan ZIP Code + 4 48202		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Michigan UFCW Health & Welfare Fund	PPO Network	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 876 Horace Brown Drive		
City Madison Heights		
State Michigan ZIP Code + 4 48071	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	Flowers & Holiday Ornament	
	12.b. Amount. \$94	
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